FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	229031	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name: Person USAC should contact with questions about this data	Paul LaPier	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	plapier@infinitimobile.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	229031
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

<210> For the prior calendar year, were there any reportable voice service outages?

<220>

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<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number		Outage Start Time	Outage End Date		Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	229031	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should cont	ract regarding this data Paul LaPier	
<035>	Contact Telephone Number - Number of <030>	person identified in data line 2142328430 ext.	
<039>	Contact Email Address - Email Address of <030>	person identified in data line plapier@infinitimobile.com	
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.		
<410>	Complaints per 1000 customers for fixed voice		
<420>	Complaints per 1000 customers for mobile voice		

•	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018		
<010>	Study Area Code	229031			
<015>	Study Area Name	IM Telecom LLC			
<020>	Program Year	2020			
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier			
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com			
<515>	<515> Certify compliance with applicable minimum service standards				

Dat	a Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<0:	.0> Study Area Code		
<0:	•	229031 IM Telecom LLC	
<02	20> Program Year	2020	
<03	O> Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<03	SS> Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<03	9> Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<60	0> Certify compliance regarding ability to function in emergency situations		
<61	0> Descriptive document for Functionality in Emergency Situations		

FCC Form 481

(600) Functionality in Emergency Situations

(800) Operating Companies	FCC Form 481	
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018	
<010> Study Area Code	229031	

<010>	Study Area Code	229031
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

	<810>	Reporting Carrier	IM Telecom, LLC
	<811>	Holding Company	Not Applicable
_	<812>	Operating Company	Not Applicable

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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-			
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(900) Tribal Lands Reporting	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018
<010> Study Area Code	229031
<015> Study Area Name	IM Telecom LLC 2020
<020> Program Year	Paul LaPier
<030> Contact Name - Person USAC should contact regarding this data	2142328430 ext.
<035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com
·	* * * * * * * * * * * * * * * * * * * *
<900> Does the filing entity offer tribal land services? (Y/N)	
<910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation	Name of Attached Document
If your company serves Tribal lands, please select (Yes,No, NA) for each these box	vac
to confirm the status described on the attached PDF, on line 920,	ACS
demonstrates coordination with the Tribal government pursuant to	Select
§ 54.313(a)(5) includes:	Yes or No or
<921> Needs assessment and deployment planning with a focus on Triba community anchor institutions.	Not Applicable and a second se
<922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner;	
<924> Compliance with Rights of way processes	
<925> Compliance with Land Use permitting requirements	
<926> Compliance with Facilities Siting rules	
<927> Compliance with Environmental Review processes	
<928> Compliance with Cultural Preservation review processes	
<929> Compliance with Tribal Business and Licensing requirements.	
	·

				rageo
	oice and Broadband Service Rate Comparability ection Form		FCC Form 481 OMB Control No. 3060-0986/0 July 2018	OMB Control No. 3060-0819
<010>	Study Area Code	229031		
<015>	Study Area Name	IM Telecom LLC		
<020>	Program Year	2020		
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier		
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com		
<1000>	Voice services rate comparability certification			
<1010>	Attach detailed description for voice services rate comparability compliance			
		Name of Attached Document		
<1020>	Broadband comparability certification			
<1030>	Attach detailed description for broadband comparability compliance			
		Name of Attached Document		

	o Terrestrial Backhaul Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060 July 2018	-0819
<010> <015> <020> <030>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data	229031 IM Telecom LLC 2020 Paul LaPier		
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	2142328430 ext. plapier@infinitimobile.com		
<1100>	Certify whether terrestrial backhaul options exist (Y/N)			
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps		
<1140>	Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.			

(1200) Te	rms and Condition for Lifeline Customers		FC	CC Form 481
Lifeline			0	MB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form		Ju	ıly 2018
<010>	Study Area Code		229031	
<015>	Study Area Name		IM Telecom LLC	
<020>	Program Year		2020	
<030>	Contact Name - Person USAC should contact regarding this data		Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data lin	ie <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data li	ne <030>	> plapier@infinitimobile.com	
		Г	IM (Infiniti) 1210 template_2019 GA.pdf	
			im (imimiti) izio tempiate_zois GA.pdi	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
			Name	of Attached Document
.4220				
<1220>	Link to Public Website	HTTP		
		_		
"Dlease cl	neck these boxes below to confirm that the attached document(s), on line 12	210		
	bsite listed, on line 1220, contains the required information pursuant to	210,		
	(a)(2) annual reporting for ETCs receiving low-income support, carriers must			
annually r				
aiiiiuaiiy i	eport.			
<1221>	Information describing the terms and conditions of any voice	V		
	telephony service plans offered to Lifeline subscribers,			
<1222>	Details on the number of minutes provided as part of the plan,	V		
112227	betails of the number of minutes provided as part of the plan,	<u> </u>		
<1223>	Additional charges for toll calls, and rates for each such plan.	~		

Data Collecti	Cap Carrier Additional Documentation ion Form te-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		FCC Form 481 OMB Control No. 3060-0986 July 2018	/OMB Control No. 3060-0819
	-	229031		
	udy Area Code udy Area Name	IM Telecom LLC		
	ogram Year	2020		
	ontact Name - Person USAC should contact regarding this data	Paul LaPier		
	intact Telephone Number - Number of person identified in data line <030>	2142328430 ext.		
<039> Co	ntact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.c	om	
to offset form and	access charge reductions, and Connect America Pd in the documents attached below is accurate.	hase II support as se	pliance as a recipient of frozen High Cost support, et forth in 47 CFR 54.313(c),(d),(e). The informatio	
<2015>	> 2016 and future Frozen Support Certification 47 CFF	R § 54.313(c)(4)		
Price Ca _l	p Carrier Connect America ICC Support {47 CFR §	54.313(d)}		
<2016>	> Certification support used to build broadband			
Connect	: America Phase II Reporting {47 CFR § 54.313(e)}			
<2017A>	Connect America Fund Phase II recipient?			
<2017C>	Total amount of Phase II support, if any, the price cap capital expenditures in 2018.	carrier used for		
<2018>	Attach the number, names, and addresses of commu	nity anchor	Name of Attached Document Listing	
	institutions to which the carrier newly began providin broadband service in the preceding calendar year - 54	_	Required Information	
<2019>	Recipient certifies that it bid on category one telecom Internet access services in response to all FCC Form 4 broadband service that meets the connectivity target	70 postings seeking s for the schools and		
	libraries universal service support program for eligible libraries located within any area in a census block wh receiving Phase II model-based support, and that sucl reasonably comparable to rates charged to eligible sc urban areas for comparable offerings - 54.313(e)(1)(ii)	ere the carrier is n bids were at rates hools and libraries in		

(3005) Rate Data Collect	Of Return Carrier Additional Documentation ion Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	229031
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

(3007a)	(3007b)
Name of Consultant	Name of Consultant Firm/Third Party

CAF BLS Reporting

(3008A)	Please indicate whether new locations were deployed during the prior calendar year.				
(3008B)	Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.				
(3008B1)	Number of newly built locations with access to broadband speeds of at least $10/1$ Mbps but less than $25/3$ Mbps.				
(3008B2)	Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.				
(3008C)	Please provide the percentage of deployment across the entire study area.				

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	229031
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	5 Programme State			
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}			
(3010B)	Please Provide Attachment	Name of Attached Docu- Information	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	mornas		
(3012B)	Please Provide Attachment	Name of Attached Document Information	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	0 0	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports			
	(Operating Report for Telecommunications Borrowers)		<u> </u>	
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docu Information	ment Listing Required	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	0 0	
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS			
(3020)	Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line			
(3022)	3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Documents	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	229031
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

Financial Data Summary	
·	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(,	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	229031
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> plapier@infinitimobile.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

(5005) Alaska Plan Participants Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	229031
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

5005 Alaska Plan

(5010)	Do you participate in the Alaska plan?	(Yes/No)
(5011)	Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.	(Yes/No)
(5012)	If the filing carrier identified in its approved perfomance plans that it relies exclusively on satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul.	(Yes/No)

_			
<5013>	<a>>		<c></c>
_	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
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Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	229031
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	229031
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

is authorized to submit the information reported on linclude ensuring the accuracy of the annual data reporting requiremen he authorized agent is accurate.	pehalf of the reporting carrier. It s provided to the authorized
Date:	06/28/2019
Filing Due Date for this form: 07/01/2019	
•	he authorized agent is accurate. Date:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Be	half of Reportin	g Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients of the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reporte		
Name of Reporting Carrier: IM Telecom LLC		
Name of Authorized Agent Firm: Expert Telecom Compliance		
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/28/2019
Name of Authorized Agent Employee: Victoria Martin		
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist		
Telephone number of Authorized Agent or Employee of Agent: 6786722831 ext.		
Study Area Code of Reporting Carrier: 229031 Filing Due Date for this form: 07/01/2019		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S. 18 of the United States Code, 18 U.S.C. § 1001.	.C. §§ 502, 503(b), or	fine or imprisonment under Title



IM Telecom, LLC d/b/a Infiniti Mobile

Georgia Lifeline Rate Plans

Non-Tribal:

Plan	Minutes	Text	Data (MB)	Retail Price	Lifeline Discount	Net Cost to Lifeline Customer
Georgia Lifeline	500 anytime	500 text messages	0 GB	\$9.25	- \$9.25 (federal)	\$0.00
500*	voice minutes					

^{*}Must be Eligible. Each month eligible Lifeline subscribers will receive 500 voice minutes and 500 text messages (totaling 1,000 units) for \$0.00 per month. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Georgia Lifeline residents.

All Plans include the following:

- Free phone
- Free calls to 911 emergency services
- Free calls to Customer Service
- Free access to Voicemail, Caller-ID, Call-Waiting, Call-Forwarding, and 3-Way Calling features
- Free Domestic, Long-Distance Calls

Additional Airtime:

- \$5.00 for 100 minutes or 100 text messages
- \$5.00 for 100 MB of data

Complete program terms of use located at http://infinitimobile.com/terms/

^{**} In addition to the Georgia Lifeline 500 Plan, all Lifeline-eligible customers will be able to apply the maximum federal Lifeline discount, currently \$9.25, to any retail plans the Company should make available to non-Lifeline consumers. To the extent offered, such plans are subject to change and will be viewable on the Company's website, http://infinitimobile.com.

FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	189034	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name: Person USAC should contact with questions about this data	Paul LaPier	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	plapier@infinitimobile.com	
·	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	189034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

<210> F	For the prior	calendar yea	r, were there	any reportal	ole voice servic	e outages?						
<220>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS									Did This Outage		
Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date	Time	Customers Affected	Total Number of	Affected	Description (Check		Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	189034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should con	tact regarding this data Paul LaPier
<035>	Contact Telephone Number - Number of <030>	person identified in data line 2142328430 ext.
<039>	Contact Email Address - Email Address of <030>	person identified in data line plapier@infinitimobile.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or other services.	ce telephony service in the prior ch you are designated an ETC for
<410>	Complaints per 1000 customers for fixed	voice
<420>	Complaints per 1000 customers for mobi	le voice

	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	189034	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<515>	Certify compliance with applicable minimum service standards		

Data Co	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2018
<010>	Study Area Code	189034	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<600>	Certify compliance regarding ability to function in emergency situations		

FCC Form 481

(600) Functionality in Emergency Situations

<610> Descriptive document for Functionality in Emergency Situations

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code		189034
<015>	Study Area Name		IM Telecom LLC
<020>	Program Year		2020
<030>	Contact Name - Person USAC sh	nould contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Nu	umber of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>		plapier@infinitimobile.com
<810>	Reporting Carrier IM T	Pelecom, LLC	
<811>	Holding Company Not	Applicable	

Not Applicable

<812> Operating Company

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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(900) Tribal Lands Reporting	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018
	189034
<010> Study Area Code	IM Telecom LLC
<015> Study Area Name	2020
<020> Program Year Contact Name Person USAS should contact regarding this data	Paul LaPier
<030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com
·	
<900> Does the filing entity offer tribal land services? (Y/N)	
<910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation	Name of Attached Document
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes	
to confirm the status described on the attached PDF, on line 920,	
demonstrates coordination with the Tribal government pursuant to	Select
§ 54.313(a)(5) includes:	Yes or No or
3 34.313(a)(3) iliciades.	Not Applicable
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner;	
<924> Compliance with Rights of way processes	
<925> Compliance with Land Use permitting requirements	
<926> Compliance with Facilities Siting rules	
<927> Compliance with Environmental Review processes	
<928> Compliance with Cultural Preservation review processes	
<929> Compliance with Tribal Business and Licensing requirements.	
,	

			1 486 5
(1000) V	oice and Broadband Service Rate Comparability		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2018
,			
<010>	Study Area Code	189034	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<1000>	Voice services rate comparability certification		
<1010>	Attach detailed description for voice services rate		
	comparability compliance		
		Name of Attached Document	
		Name of Attached Document	
<1020>	Broadband comparability certification		
1020	broadband comparability certification		
<1030>	Attach detailed description for broadband		
	comparability compliance		
		Name of Attached Document	

-	o Terrestrial Backhaul Reporting lection Form			FCC Form 481 OMB Control No July 2018	. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	189034			
<015> <020>	Study Area Name Program Year		ecom LLC		
<030>	Contact Name - Person USAC should contact regarding this data	2020			
<035>	Contact Telephone Number - Number of person identified in data line <030>	Paul La 2142328	aPier 8430 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>		r@infinitimobile.com		
<1100>	Certify whether terrestrial backhaul options exist (Y/N)				
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps			
<1140>	Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.				

Lifeline	erms and Condition for Lifeline Customers ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
ر د ۱۵۱۵۰	Chudu Area Cada		
<010>	Study Area Name	189034	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <0	20:	
<039>	Contact Email Address - Email Address of person identified in data line <	30> plapier@infinitimobile.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	<pre>IM (Infiniti) 1210 template_2019 MD.</pre>	docx
<1220>	Link to Public Website HTTI		Name of Attached Document
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report: Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, Details on the number of minutes provided as part of the plan, Additional charges for toll calls, and rates for each such plan.		

(2005) Price (Data Collection	Cap Carrier Additional Documentation on Form			CC Form 481 DMB Control No. 3060-0986/OMB Control No. 3060-08
Including Rate	e-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		Ji	uly 2018
<010> Stu	udy Area Code	189034		
	udy Area Name	IM Telecom LLC		
	ogram Year	2020		
	ntact Name - Person USAC should contact regarding this data	Paul LaPier		
<035> Coi	ntact Telephone Number - Number of person identified in data line <030>	2142328430 ext.		
<039> Cor	ntact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	m	
to offset	e appropriate responses below (Yes, No, Not App access charge reductions, and Connect America P I in the documents attached below is accurate.	•		
<2015>	> 2016 and future Frozen Support Certification 47 CFF	R § 54.313(c)(4)		
<2016>	• • • • • • • • • • • • • • • • • • • •	5-115-15(u)j		
Connect	: America Phase II Reporting {47 CFR § 54.313(e)}			
<2017A>	Connect America Fund Phase II recipient?			
<2017C>	Total amount of Phase II support, if any, the price cap capital expenditures in 2018.	carrier used for		
<2018>	Attach the number, names, and addresses of commu	nity anchor	Name of Attached Documer	nt Listing
	institutions to which the carrier newly began providin broadband service in the preceding calendar year - 54	=	Required Information	
<2019>	Recipient certifies that it bid on category one telecom Internet access services in response to all FCC Form 4 broadband service that meets the connectivity target libraries universal service support program for eligible libraries located within any area in a census block whereceiving Phase II model-based support, and that sucl	70 postings seeking s for the schools and e schools and ere the carrier is		
	reasonably comparable to rates charged to eligible sc urban areas for comparable offerings - 54.313(e)(1)(ii)	hools and libraries in		

(3005) Rate Data Collect	Of Return Carrier Additional Documentation ion Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	189034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

(3007a)	(3007b)
Name of Consultant	Name of Consultant Firm/Third Party

CAF BLS Reporting

(3008A)	Please indicate whether new locations were deployed during the prior calendar year.	(Yes/No)
(3008B)	Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.	
(3008B1)	Number of newly built locations with access to broadband speeds of at least $10/1$ Mbps but less than $25/3$ Mbps.	
(3008B2)	Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.	
(3008C)	Please provide the percentage of deployment across the entire study area.	

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	189034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

attached below is accurate.			
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Certification of Public Interest Obligations {47 CFR §		
(3010B)	54.313(f)(1)(i)} Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	mormation	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) Document(s) with Balance Sheet, Income Statement		
(3017)	and Statement of Cash Flows If the response is yes on line 3014, attach your	Name of Attached Document Listing Required	
(3018) (3019) (3020)	company's RUS annual report and all required documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement	Information (Yes/No)	
(3021)	and Statement of Cash Flows Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	189034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

Financial Data Summary	_
(3027) Revenue	
,	
(3028) Operating Expenses	Г
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	189034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> plapier@infinitimobile.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

(5005) Alaska Plan Participants Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	189034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

5005 Alaska Plan

(5010)	Do you participate in the Alaska plan?	(Yes/No)
(5011)	Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.	(Yes/No)
(5012)	If the filing carrier identified in its approved perfomance plans that it relies exclusively on satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul.	(Yes/No)

<5013>	<a>		<c></c>
	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
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Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	189034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Telephone number of Authorized Officer:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	189034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) <u>Expert Telecom Compliance</u> also certify that I am an officer of the reporting carrier; my respondagent; and, to the best of my knowledge, the reports and data pr	is authorized to submit the information reported on behalf of the reporting carrier. I isibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized evided to the authorized agent is accurate.
Name of Authorized Agent: Expert Telecom Compliance	
Name of Reporting Carrier: IM Telecom LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/28/2019
Printed name of Authorized Officer: Paul LaPier	
Title or position of Authorized Officer: Vice President of Fir	ance
Telephone number of Authorized Officer: 2143238430 ext.	
Study Area Code of Reporting Carrier: 189034	Filing Due Date for this form: 07/01/2019

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Be	half of Reportin	ng Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients of the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reporte		
Name of Reporting Carrier: IM Telecom LLC		
Name of Authorized Agent Firm: Expert Telecom Compliance		
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/28/2019
Name of Authorized Agent Employee: Victoria Martin		
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist		
Telephone number of Authorized Agent or Employee of Agent: 6786722831 ext.		
Study Area Code of Reporting Carrier: 189034 Filing Due Date for this form: 07/01/2019		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S 18 of the United States Code, 18 U.S.C. § 1001.	.C. §§ 502, 503(b), or	fine or imprisonment under Title



IM Telecom, LLC d/b/a Infiniti Mobile

Maryland Lifeline Rate Plans

Non-Tribal:

Plan	Minutes	Text	Data (MB)	Retail Price	Lifeline Discount	Net Cost to Lifeline Customer
Maryland Lifeline 500 Plan*	500 anytime voice minutes	500 text messages	0 GB	\$9.25	- \$9.25 (federal)	\$0.00
Maryland Lifeline 1,000 Plan*	1,000 anytime voice minutes	Unlimited	1 GB	\$29.25	- \$9.25 (federal)	\$20.00

^{*}Must be Eligible. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Maryland Lifeline residents.

All Plans include the following:

- Free phone
- Free calls to 911 emergency services
- Free calls to Customer Service
- Free access to Voicemail, Caller-ID, Call-Waiting, Call-Forwarding, and 3-Way Calling features
- Free Domestic, Long-Distance Calls

Additional Airtime:

- \$5.00 for 100 minutes or 100 text messages
- \$5.00 for 100 MB of data

Complete program terms of use located at http://infinitimobile.com/terms/

^{**} In addition to the Maryland Lifeline 500 Plan and Maryland Lifeline 1,000 Plan, all Lifeline-eligible customers will be able to apply the \$9.25 federal Lifeline discount, depending on customer eligibility, to any retail plans the Company should make available to non-Lifeline consumers. To the extent offered, such plans are subject to change and will be viewable on the Company's website, http://infinitimobile.com.

FCC Foi	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	559025	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name: Person USAC should contact with questions about this data	Paul LaPier	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	plapier@infinitimobile.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	559025
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

<210> For the prior calendar year, were there any reportable voice service outages?

<220>

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS									Did This Outage		
Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date	Time	Customers Affected	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
									<u> </u>		
	1										

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	559025
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should cont	act regarding this data Paul LaPier
<035>	Contact Telephone Number - Number of <030>	person identified in data line 2142328430 ext.
<039>	Contact Email Address - Email Address of <030>	person identified in data line plapier@infinitimobile.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed	voice
<420>	Complaints per 1000 customers for mobile voice	

	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	559025	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<515>	Certify compliance with applicable minimum service standards		

(600) Functionality in Emergency Situations Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	559025	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<600>	Certify compliance regarding ability to function in emergency situations		
<610>	Descriptive document for Functionality in Emergency Situations		

(800) Operating Companies		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010> Study Area Code	559025	

<010>	Study Area Code	559025
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com
.040	TM Telecom LLC	

<810>	Reporting Carrier	IM Telecom, LLC
<811>	Holding Company	Not Applicable
<812>	Operating Company	Not Applicable

<813>	<a1></a1>	<a2></a2>	<a3></a3>
_	Affiliates	SAC	Doing Business As Company or Brand Designation
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OMS Control No. 3060-0986/OMS control No. 30	(900) Tribal Lands Reporting FCC Form 481			
Study Area Rame	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819		
Substitute Sub		July 2018		
Substitute Sub				
Applies Appl	<010> Study Area Code			
Application Person USAC should contact regarding this data Peual Lanzier	<015> Study Area Name			
Contact Telephone Number - Number of person identified in data line <0300 21 23234430 ext. d399 Contact Email Address - Email Address of person identified in data line <0300 Plapiter@intinitimobile.com Solution Plapiter@intinitimobile.com Plapiter@intinitimobile.com Plapiter@intinitimobile.com Plapiter@intinitimobile.com Name of Attached Document Name of Attached Document	<020> Program Year			
Comparison Com	<030> Contact Name - Person USAC should contact regarding this data			
Solution of the filing entity offer tribal land services? (Y/N) Solution of the filing entity offer tribal land services? (Y/N) Tribal Land(s) on which ETC Serves Tribal Government Engagement Obligation Name of Attached Document If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to \$54.313(a)(s) includes: Solution of Not Applicable Solution of Not Applicable Solution of Not Applicable Solution of Not Applicable Compliance with and sustainability planning; Feasibility and sustainability planning; Feasibility and sustainability planning; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Environmental Review processes				
<920> Tribal Land(s) on which ETC Serves Select	<039> Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com		
<920> Tribal Government Engagement Obligation Name of Attached Document If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to \$ 54.313(a)(5) includes: 921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. 922> Feasibility and sustainability planning; 923> Marketing services in a culturally sensitive manner; 924> Compliance with Rights of way processes 925> Compliance with Facilities Siting rules 927> Compliance with Environmental Review processes	<900> Does the filing entity offer tribal land services? (Y/N)			
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:	<910> Tribal Land(s) on which ETC Serves			
to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes: Pessibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes	<920> Tribal Government Engagement Obligation	Name of Attached Document		
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes	to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to	Yes or No or		
<924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes	<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Not Applicable		
<924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes	<923> Marketing services in a culturally sensitive manner;			
<925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes	,			
<926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes				
<927> Compliance with Environmental Review processes				
· · · · · · · · · · · · · · · · · · ·				
<928> Compilance with Cultural Preservation review processes	·			
	·			
<929> Compliance with Tribal Business and Licensing requirements.	<929> Compliance with Tribal Business and Licensing requirements.			

			rageo
	oice and Broadband Service Rate Comparability ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	559025	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<1000> <1010>	Voice services rate comparability certification Attach detailed description for voice services rate		
	comparability compliance	Name of Attached Document	
<1020> <1030>	Broadband comparability certification Attach detailed description for broadband comparability compliance		
		Name of Attached Document	

(1100) No Terrestrial Backhaul Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	559025	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	
<1140>	Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.		

Lifeline	erms and Condition for Lifeline Customers ection Form		C	CC Form 481 DMB Control No. 3060-0986/OMB Control No. 3060-0819 uly 2018
<010>	Study Area Code		559025	
<015>	Study Area Name		IM Telecom LLC	
<020>	Program Year		2020	
<030>	Contact Name - Person USAC should contact regarding this data		Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data lin	ie <030>		
<039>	Contact Email Address - Email Address of person identified in data lii	ne <030>	plapier@infinitimobile.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		<pre>IM (Infiniti) 1210 template_2019 NV.pdf</pre>	
		•	Nam	e of Attached Document
<1220>	Link to Public Website	HTTP		
or the we	neck these boxes below to confirm that the attached document(s), on line 12 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	~		
<1222>	Details on the number of minutes provided as part of the plan,	V		
<1223>	Additional charges for toll calls, and rates for each such plan.	~		

Data Collection			Ol	CC Form 481 MB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate	e-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		Ju	ly 2018
<010> Stu	dy Area Code	559025		
<015> Stu	dy Area Name	IM Telecom LLC		
<020> Pro	gram Year	2020		
	ntact Name - Person USAC should contact regarding this data	Paul LaPier		
	ntact Telephone Number - Number of person identified in data line <030>	2142328430 ext.		
<039> Cor	ntact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com		
to offset	e appropriate responses below (Yes, No, Not App access charge reductions, and Connect America P in the documents attached below is accurate.	•		
<2015>	 2016 and future Frozen Support Certification 47 CFF 	R § 54.313(c)(4)		
<2016>	• • • • • • • • • • • • • • • • • • • •	54.515(u) <i>j</i>		
Connect	America Phase II Reporting {47 CFR § 54.313(e)}			
<2017A>	Connect America Fund Phase II recipient?			
<2017C>	Total amount of Phase II support, if any, the price cap capital expenditures in 2018.	carrier used for		
<2018>	Attach the number, names, and addresses of commu	nity anchor	Name of Attached Documen	t Listing
institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Required Information			
<2019>	Recipient certifies that it bid on category one telecom Internet access services in response to all FCC Form 4 broadband service that meets the connectivity target libraries universal service support program for eligible	70 postings seeking s for the schools and e schools and		
	libraries located within any area in a census block who receiving Phase II model-based support, and that such reasonably comparable to rates charged to eligible so urban areas for comparable offerings - 54.313(e)(1)(ii)	n bids were at rates hools and libraries in		

(3005) Rate	Of Return Carrier Additional Documentation ion Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	559025
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

(3007a)	(3007b)
Name of Consultant	Name of Consultant Firm/Third Party

CAF BLS Reporting

(3008A)	Please indicate whether new locations were deployed during the prior calendar year.	(Yes/No)
(3008B)	Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.	
(3008B1)	Number of newly built locations with access to broadband speeds of at least $10/1~\text{Mbps}$ but less than $25/3~\text{Mbps}$.	
(3008B2)	Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.	
(3008C)	Please provide the percentage of deployment across the entire study area.	

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	559025
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Dragrass Danort on E Voor Dlan			
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		Γ	
(3010B)	Please Provide Attachment	Name of Attached Docu- Information	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	inormation.	Г	
(3012B)	Please Provide Attachment	Name of Attached Documents	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	00	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications			
(3016)	Borrowers) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required	Name of Attached Docu Information	ment Listing Required	
(3018)	documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	0 0	
(3019)	3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement			
(3021)	and Statement of Cash Flows Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Documents	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	559025
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

Financial Data Summary	
·	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(,	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	559025
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> plapier@infinitimobile.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

(5005) Alaska Plan Participants Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	559025
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

5005 Alaska Plan

(5010)	Do you participate in the Alaska plan?	(Yes/No)
(5011)	Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.	(Yes/No)
(5012)	If the filing carrier identified in its approved perfomance plans that it relies exclusively on satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul.	(Yes/No)

_			
<5013>	<a>>		<c></c>
_	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
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Certification - Reporting Carrier	FCC Form 481	
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819	
	July 2018	

<010>	Study Area Code	559025
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	559025
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

is authorized to submit the information reported on behalf of the reporting carrier. I ibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ided to the authorized agent is accurate.				
Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/28/2019				
Printed name of Authorized Officer: Paul LaPier				
ice				
Filing Due Date for this form: 07/01/2019				
i 'i				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier					
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients he data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information report					
Name of Reporting Carrier: IM Telecom LLC					
Name of Authorized Agent Firm: Expert Telecom Compliance					
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/28/2019			
Name of Authorized Agent Employee: Victoria Martin					
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist					
Telephone number of Authorized Agent or Employee of Agent: 2142328430 ext.					
Study Area Code of Reporting Carrier: 559025 Filing Due Date for this form: 07/01/2019					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U. 18 of the United States Code, 18 U.S.C. § 1001.	S.C. §§ 502, 503(b), o	fine or imprisonment under Title			



IM Telecom, LLC d/b/a Infiniti Mobile

Nevada Lifeline Rate Plans

Non-Tribal:

Plan	Minutes	Text	Data (MB)	Retail Price	Lifeline Discount	Net Cost to Lifeline Customer
Nevada	500	500	0 GB	\$9.25	- \$9.25	\$0.00
Lifeline 500					(federal)	
Plan*						

^{*}Must be Eligible. Each month eligible Lifeline subscribers will receive 500 voice minutes and 500 text messages (totaling 1,000 units) for \$0.00 per month. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Nevada Lifeline residents.

Tribal:

Plan	Minutes	Text	Data (MB)	Retail Price	Lifeline Discount	Net Cost to Lifeline Customer
Nevada Tribal Lifeline 2000 Plan*	1,000	Unlimited	0 GB	\$34.25	- \$34.25 (federal)	\$0.00

^{**}Must be Eligible. Each month eligible Tribal Lifeline subscribers will receive 1,000 voice minutes and unlimited text messages for \$0.00 per month. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Nevada Tribal Lifeline residents.

All Plans include the following:

- Free phone
- Free calls to 911 emergency services
- Free calls to Customer Service
- Free access to Voicemail, Caller-ID, Call-Waiting, Call-Forwarding, and 3-Way Calling features
- Free Domestic, Long-Distance Calls

Additional Airtime:

- \$5.00 for 100 minutes or 100 text messages
- \$5.00 for 100 MB of data

Complete program terms of use located at http://infinitimobile.com/terms/

^{**} In addition to the Nevada Lifeline 500 Plan and Nevada Tribal Lifeline 2000 Plan, all Lifeline-eligible customers will be able to apply the \$9.25 federal Lifeline discount, as well as the additional \$25.00 federal tribal Lifeline discount depending on customer eligibility, to any retail plans the Company should make available to non-Lifeline consumers. To the extent offered, such plans are subject to change and will be viewable on the Company's website, http://infinitimobile.com.

FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	439050	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name: Person USAC should contact with questions about this data	Paul LaPier	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	plapier@infinitimobile.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	439050
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

<210> For the prior calendar year, were there any reportable voice service outages?

<220>

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS									Did This Outage		
Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date	Time	Customers Affected	Total Number of	Affected	Description (Check		Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
			·								
											1
<u> </u>											

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	439050			
<015>	Study Area Name	IM Telecom LLC			
<020>	Program Year	2020			
<030>	Contact Name - Person USAC should con	tact regarding this data Paul LaPier			
<035>	Contact Telephone Number - Number of <030>	person identified in data line 2142328430 ext.			
<039>	Contact Email Address - Email Address of <030>	person identified in data line plapier@infinitimobile.com			
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.				
<410>	Complaints per 1000 customers for fixed voice				
<420>	Complaints per 1000 customers for mobile voice				

•	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	439050	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<515>	Certify compliance with applicable minimum service standards		

Da	ta Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
-/	110> Study Area Code		
	115> Study Area Name	439050 IM Telecom LLC	
<(20> Program Year	2020	
<(30> Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<(Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<(39> Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<6	00> Certify compliance regarding ability to function in emergency situations		
<6	10> Descriptive document for Functionality in Emergency Situations		

FCC Form 481

(600) Functionality in Emergency Situations

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code		439050
<015>	Study Area Name		IM Telecom LLC
<020>	Program Year		2020
<030>	Contact Name - Person	USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Num	nber - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address -	Email Address of person identified in data line <030>	plapier@infinitimobile.com
<810>	Reporting Carrier	IM Telecom, LLC	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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	pal Lands Reporting	FCC Form 481
Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-08
		July 2018
<010>	Study Area Code	439050
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier 2142328430 ext.
<035>	Contact Telephone Number - Number of person identified in data line <030>	plapier@infinitimobile.com
<039>	Contact Email Address - Email Address of person identified in data line <030>	prapreterm intermobile.com
<900>	Does the filing entity offer tribal land services? (Y/N)	
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	Name of Attached Document
to confir demonst	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes in the status described on the attached PDF, on line 920, trates coordination with the Tribal government pursuant to 8(a)(5) includes:	Select Yes or No or Not Applicable
<921> <922> <923>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>		
	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.	
<929>		

				rage o
	oice and Broadband Service Rate Comparability ection Form		FCC Form 481 OMB Control No. 3060-0986/0 July 2018	OMB Control No. 3060-0819
<010>	Study Area Code	439050		
<015>	Study Area Name	IM Telecom LLC		
<020>	Program Year	2020		
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier		
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com		
<1000>	Voice services rate comparability certification			
<1010>	Attach detailed description for voice services rate comparability compliance			
		Name of Attached Document		
<1020>	Broadband comparability certification			
<1030>	Attach detailed description for broadband comparability compliance			
		Name of Attached Document		

	o Terrestrial Backhaul Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	439050	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	s kbps	
<1140>	Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.		

Lifeline	rms and Condition for Lifeline Customers ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010×	Study Area Code		400050	
<010> <015>	Study Area Code Study Area Name		439050	
<020>	Program Year		IM Telecom LLC	
<030>	Contact Name - Person USAC should contact regarding this data		2020	
<035>	Contact Telephone Number - Number of person identified in data lin	o <030>	Paul LaPier 2142328430 ext.	
<039>	Contact Telephone Number - Number of person identified in data in			
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		IM (Infiniti) 1210 template_2019 OK.pd	ime of Attached Document
<1220>	Link to Public Website	НТТР —		
or the we	neck these boxes below to confirm that the attached document(s), on line 12 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	·		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	V		
<1222>	Details on the number of minutes provided as part of the plan,	V		
<1223>	Additional charges for toll calls, and rates for each such plan.	V		

(2005) Price (Data Collection	Cap Carrier Additional Documentation on Form		C	CC Form 481 DMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate	e-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		J	uly 2018
<010> Stu	udy Area Code	439050		
<015> Stu	udy Area Name	IM Telecom LLC		
<020> Pro	ogram Year	2020		
	ntact Name - Person USAC should contact regarding this data	Paul LaPier		
	ntact Telephone Number - Number of person identified in data line <030>	2142328430 ext.		
<039> Coi	ntact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	n	
to offset	e appropriate responses below (Yes, No, Not App access charge reductions, and Connect America P I in the documents attached below is accurate.	•		
<2015>	> 2016 and future Frozen Support Certification 47 CFF	₹ § 54.313(c)(4)		
<2016>	Certification support used to build broadband	54.313(d)}		
Connect	America Phase II Reporting {47 CFR § 54.313(e)}			
<2017A>	Connect America Fund Phase II recipient?			
<2017C>	Total amount of Phase II support, if any, the price cap capital expenditures in 2018.	carrier used for		
<2018>	Attach the number, names, and addresses of commu	nity anchor	Name of Attached Documer	nt Listing
	institutions to which the carrier newly began providin broadband service in the preceding calendar year - 54	=	Required Information	
<2019>	Recipient certifies that it bid on category one telecom Internet access services in response to all FCC Form 4 broadband service that meets the connectivity target libraries universal service support program for eligible libraries located within any area in a census block who	70 postings seeking s for the schools and e schools and		
	receiving Phase II model-based support, and that sucl reasonably comparable to rates charged to eligible sc urban areas for comparable offerings - 54.313(e)(1)(ii)	h bids were at rates hools and libraries in		

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018	
<010>	Study Area Code	439050	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	

(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

(3007a)	(3007b)
Name of Consultant	Name of Consultant Firm/Third Party

CAF BLS Reporting

(3008A)	Please indicate whether new locations were deployed during the prior calendar year.				
(3008B)	Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.				
(3008B1)	Number of newly built locations with access to broadband speeds of at least $10/1$ Mbps but less than $25/3$ Mbps.				
(3008B2)	Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.				
(3008C)	Please provide the percentage of deployment across the entire study area.				

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	439050
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

attached below is accurate.			
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Certification of Public Interest Obligations {47 CFR §	Γ	
(3010B)	54.313(f)(1)(i)} Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Illioiniation	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) Document(s) with Balance Sheet, Income Statement		
(3017)	and Statement of Cash Flows If the response is yes on line 3014, attach your	Name of Attached Document Listing Required	
(3018) (3019) (3020)	company's RUS annual report and all required documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement	Information (Yes/No)	
(3021)	and Statement of Cash Flows Management letter and/or audit opinion issued by		
(3022)	the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	439050
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

Financial Data Summary	
·	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(2020) Tolophono Plant In Conside/TDIC)	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	439050
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> plapier@infinitimobile.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

(5005) Alaska Plan Participants Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	439050
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

5005 Alaska Plan

(5010)	Do you participate in the Alaska plan?	(Yes/No)
(5011)	Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.	(Yes/No)
(5012)	If the filing carrier identified in its approved perfomance plans that it relies exclusively on satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul.	(Yes/No)

<5013>	<a>		<c></c>
	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	439050
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Telephone number of Authorized Officer: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	439050
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Expert Telecom Compliance is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.								
Date: 06/28/2019								
e								
Filing Due Date for this form: 07/01/2019								
b								

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Be	half of Reportin	g Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported.		
Name of Reporting Carrier: IM Telecom LLC		
Name of Authorized Agent Firm: Expert Telecom Compliance		
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/28/2019
Name of Authorized Agent Employee: Victoria Martin		
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist		
Telephone number of Authorized Agent or Employee of Agent: 6786722831 ext.		
Study Area Code of Reporting Carrier: 439050 Filing Due Date for this form: 07/01/2019		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S 18 of the United States Code, 18 U.S.C. § 1001.	.C. §§ 502, 503(b), or	fine or imprisonment under Title



IM Telecom, LLC d/b/a Infiniti Mobile

Oklahoma Lifeline Rate Plans (Effective July 2017)

Non-Tribal:

Plan	Minutes	Text	Data (MB)	Retail Price	Lifeline Discount	Net Cost to Lifeline Customer
Oklahoma	750 anytime	Unlimited text	0 MB	\$10.25	- \$9.25	\$1.00
Lifeline 750	voice minutes	messages			(federal)	
Plus Plan*						

*Must be Eligible. Each month eligible Lifeline subscribers will receive 750 voice minutes and unlimited text messages for \$1.00 per month, plus applicable taxes. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Oklahoma, non-Tribal Lifeline residents.

Plan	Minutes	Text	Data (MB)	Retail Price	Lifeline Discount	Net Cost to Lifeline Customer
Oklahoma	Unlimited	Unlimited text	500 MB	\$18.25	- \$9.25	\$9.00
Lifeline	anytime voice	messages			(federal)	
Unlimited	minutes					
Plan**						

^{**}Must be Eligible. Each month eligible Lifeline subscribers will receive unlimited voice minutes and unlimited text messages for \$9.00 per month, plus applicable taxes. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Oklahoma, non-Tribal Lifeline residents.

Tribal:

Plan	Minutes	Text	Data (GB)	Retail Price	Lifeline Discount	Net Cost to Lifeline
						Customer
Oklahoma	1,000 anytime	Unlimited text	2 GB	\$35.25	- \$34.25	\$1.00
Lifeline 1,000	voice minutes	messages			(federal)	(Tribal)
Plus Plan*						

^{*}Must be Eligible. Each month eligible Tribal Lifeline subscribers will receive 1,000 voice minutes, unlimited text messages, and 2 GB Data for \$1.00 per month. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date.

All Plans include the following:

- Free phone
- Free calls to 911 emergency services
- Free calls to Customer Service
- Free access to Voicemail, Caller-ID, Call-Waiting, Call-Forwarding, and 3-Way Calling features
- Free Domestic, Long-Distance Calls

Additional Airtime:

- Voice / Text:
 - o \$4.00 for 100 minutes or 100 text messages
 - o \$15.00 for 500 minutes or 500 text messages
- Data Usage:
 - o \$4.00 for 100 MB of data
 - o \$15.00 for 500 MB of data
 - o \$19.00 for 1 GB of data

FCC Foi	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	249034	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name: Person USAC should contact with questions about this data	Paul LaPier	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	plapier@infinitimobile.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	249034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com
<210>	For the prior calendar year, were there any reportable voice service or	utages?

<220>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
NORS									Did This Outage		
Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date		Customers Affected	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	249034			
<015>	Study Area Name	IM Telecom LLC			
<020>	Program Year	2020			
<030>	Contact Name - Person USAC should contact	t regarding this data Paul LaPier			
<035>	Contact Telephone Number - Number of person identified in data line <030>				
<039>	Contact Email Address - Email Address of pe <030>	erson identified in data line plapier@infinitimobile.com			
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.				
<410>	Complaints per 1000 customers for fixed voice				
<420>	Complaints per 1000 customers for mobile voice				

•	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	249034	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<515>	Certify compliance with applicable minimum service standards		

Data Co	ollection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	249034	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<600>	Certify compliance regarding ability to function in emergency situations		
<610>	Descriptive document for Functionality in Emergency Situations		

FCC Form 481

(600) Functionality in Emergency Situations

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code		249034
<015>	Study Area Name		IM Telecom LLC
<020>	Program Year		2020
<030>	Contact Name - Persor	USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Nu	mber - Number of person identified in data line <030>	2142328430 ext.
<039>	> Contact Email Address - Email Address of person identified in data line <030>		plapier@infinitimobile.com
<810>	Reporting Carrier	IM Telecom, LLC	
<811>	Holding Company	Not Applicable	

<812> Operating Company

Not Applicable

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
		1	

Auto-Collection Form Auto-Collection Form	(900) Tribal Lands Reporting	FCC Form 481
### Study Area Code ### 219314 ### 219325 ### 219326 #### 219326 ### 219326 ### 219326 ### 219326 ### 219326 ### 219326 ### 21932	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Subsy Area Name		July 2018
Subject Subj		
Application Contact Name Person USAC should contact regarding this data Services Contact Name Person USAC should contact regarding this data Services Contact Email Address - Email Address of person identified in data line data line <a href="</td"><td><010> Study Area Code</td><td></td>	<010> Study Area Code	
Application Contact Name - Person USAC should contact regarding this data Facult Caption	· · · · · · · · · · · · · · · · · · ·	
Contact Telephone Number - Number of person identified in data line <pre></pre>		
Contact telephone Nameer - Name of Attached Document		
 Select	· · · · · · · · · · · · · · · · · · ·	
<920> Tribal Government Engagement Obligation Name of Attached Document If your company serves Tribal lands, please select (Yes, No, Na) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to 954.313(a)(5) includes: 4921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. 4922> Feasibility and sustainability planning; 4923> Marketing services in a culturally sensitive manner; 4924 Compliance with Land Use permitting requirements 4925> Compliance with Facilities Siting rules	·	plapier@iniinitimobile.com
<920> Tribal Government Engagement Obligation Name of Attached Document Name of Attached Document Name of Attached Document Select Yes or No or \$54.313(a)(5) includes: 921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. 922> Feasibility and sustainability planning; 923> Marketing services in a culturally sensitive manner; 924- Compliance with Land Use permitting requirements 925- Compliance with Facilities Siting rules	<900> Does the filing entity offer tribal land services? (Y/N)	
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes: <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules	<910> Tribal Land(s) on which ETC Serves	
to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes: Yes or No or Not Applicable	<920> Tribal Government Engagement Obligation	Name of Attached Document
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules	to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to	Select Yes or No or
<925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules	community anchor institutions. <922> Feasibility and sustainability planning;	
<926> Compliance with Facilities Siting rules	<924> Compliance with Rights of way processes	
	<925> Compliance with Land Use permitting requirements	
r r · · · · · · · ·		
<928> Compliance with Cultural Preservation review processes		
<929> Compliance with Tribal Business and Licensing requirements.		
SESS COMPRIANCE WAT THOU DUSINESS AND ELECTIONS TO CALL CHICAGO.	525. Compliance with Tribui business and Electising requirements.	

			. 450 0
(1000) V	pice and Broadband Service Rate Comparability		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2018
<010>	Study Area Code	249034	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<1000>	Voice services rate comparability certification		
<1010>	Attach detailed description for voice services rate		
	comparability compliance		
		Name of Attached Document	
		Name of Attached Document	
<1020>	Broadband comparability certification		
	,		
<1030>	Attach detailed description for broadband		
	comparability compliance		
		Name of Attached Document	

	o Terrestrial Backhaul Reporting lection Form		FCC Form 481 OMB Control No. July 2018	3060-0986/OMB Control No. 3060-0819
<010> <015> <020>	Study Area Code Study Area Name Program Year	249034 IM Telecom LLC 2020		
<030> <035> <039>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	Paul LaPier 2142328430 ext. plapier@infinitimobile.com		
<1100>	Certify whether terrestrial backhaul options exist (Y/N)			
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps		
<1140>	Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.			

(1200) Te	rms and Condition for Lifeline Customers		FCC Form 481
Lifeline			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form		July 2018
<010>	Study Area Code		249034
<015>	Study Area Name		IM Telecom LLC
<020>	Program Year		2020
<030>	Contact Name - Person USAC should contact regarding this data		Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data lin	e <030>	> 2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data lin	ne <030	> plapier@infinitimobile.com
		ſ	IM (Infiniti) 1210 template)_2019 SC.pdf
			IM (INITIALI) 1210 templace/_2019 SC.pdf
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		
			Name of Attached Document
.4220			
<1220>	Link to Public Website	HTTP	
		_	
"Please ch	neck these boxes below to confirm that the attached document(s), on line 12	210	
	bsite listed, on line 1220, contains the required information pursuant to	.10,	
	(a)(2) annual reporting for ETCs receiving low-income support, carriers must		
annually r			
aiiiiuaiiyi	eport.		
<1221>	Information describing the terms and conditions of any voice	~	
	telephony service plans offered to Lifeline subscribers,	لسا	
<1222>	Details on the number of minutes provided as part of the plan,	~	
	betails on the number of minutes provided as part of the plan,		
<1223>	Additional charges for toll calls, and rates for each such plan.	<u> </u>	

(2005) Price (Data Collection	Cap Carrier Additional Documentation on Form			CC Form 481 DMB Control No. 3060-0986/OMB Control No. 3060-081
Including Rate	e-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		Ju	uly 2018
<010> Stu	udy Area Code	249034		
	udy Area Name	IM Telecom LLC		
	ogram Year	2020		
	ntact Name - Person USAC should contact regarding this data	Paul LaPier		
<035> Coi	ntact Telephone Number - Number of person identified in data line <030>	2142328430 ext.		
<039> Cor	ntact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	n	
to offset form and	e appropriate responses below (Yes, No, Not App access charge reductions, and Connect America P I in the documents attached below is accurate.	hase II support as set	-	
<2015>	> 2016 and future Frozen Support Certification 47 CFF	R § 54.313(c)(4)		
<2016>	• • • • • • • • • • • • • • • • • • • •	34.313(u)}		
Connect	America Phase II Reporting {47 CFR § 54.313(e)}			
<2017A>	Connect America Fund Phase II recipient?			
<2017C>	Total amount of Phase II support, if any, the price cap capital expenditures in 2018.	carrier used for		
<2018>	Attach the number, names, and addresses of commu	nity anchor	Name of Attached Documer	nt Listing
		Required Information		
<2019>	Recipient certifies that it bid on category one telecom Internet access services in response to all FCC Form 4 broadband service that meets the connectivity target libraries universal service support program for eligible libraries located within any area in a census block wh receiving Phase II model-based support, and that such	70 postings seeking s for the schools and e schools and ere the carrier is		
	reasonably comparable to rates charged to eligible so urban areas for comparable offerings - 54.313(e)(1)(ii)	hools and libraries in		

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	249034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

(3007a)	(3007b)
Name of Consultant	Name of Consultant Firm/Third Party

CAF BLS Reporting

(3008A)	Please indicate whether new locations were deployed during the prior calendar year.		
(3008B)	Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.		
(3008B1)	Number of newly built locations with access to broadband speeds of at least $10/1$ Mbps but less than $25/3$ Mbps.		
(3008B2)	Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.		
(3008C)	Please provide the percentage of deployment across the entire study area.		

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	249034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)					
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		Γ		-	
(3010B)	Please Provide Attachment	Name of Attached Do	cument Listing Required		-	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		Г			
(3012B)	Please Provide Attachment	Name of Attached Do	cument Listing Required			
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)			•	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0			
/201E)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports					
(3015)	(Operating Report for Telecommunications Borrowers)					
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows				_	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Do	cument Listing Required		_	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	0 0			
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:					
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS					
(3020)	Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows					
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that					
	performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:					
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers					
(3023)	Underlying information subjected to a review by an independent certified public accountant					
(3024)	Underlying information subjected to an officer certification.					
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			 		
(3026)	Attach the worksheet listing required information	Name of Attached Do	cument Listing Required			

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	249034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

Financial Data Summary	_
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	249034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> plapier@infinitimobile.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

(5005) Alaska Plan Participants Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	249034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

5005 Alaska Plan

(5010)	Do you participate in the Alaska plan?	(Yes/No)
(5011)	Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.	(Yes/No)
(5012)	If the filing carrier identified in its approved perfomance plans that it relies exclusively on satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul.	(Yes/No)

_			
<5013>	<a>>		<c></c>
_	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
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Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	249034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	249034
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

is authorized to submit the information reported on behalf of the reporting carrier. I ilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ed to the authorized agent is accurate.
Date: 06/28/2019
e
Filing Due Date for this form: 07/01/2019
b

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier					
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reporte					
Name of Reporting Carrier: IM Telecom LLC					
Name of Authorized Agent Firm: Expert Telecom Compliance					
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/28/2019			
Name of Authorized Agent Employee: Victoria Martin					
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist					
Telephone number of Authorized Agent or Employee of Agent: 6786722831 ext.					
Study Area Code of Reporting Carrier: 249034 Filing Due Date for this form: 07/01/2019					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S. 18 of the United States Code, 18 U.S.C. § 1001.	5.C. §§ 502, 503(b), o	fine or imprisonment under Title			



IM Telecom, LLC d/b/a Infiniti Mobile

South Carolina Lifeline Rate Plans

Non-Tribal:

Plan	Minutes	Text	Data (MB)	Retail Price	Lifeline Discount	Net Cost to Lifeline Customer
South Carolina Lifeline 500 Plan*	500 anytime voice minutes	500 text messages	0 GB	\$12.75	- \$9.25 (federal) - \$3.50 (Company discount)	\$0.00

^{*}Must be Eligible. Each month eligible Lifeline subscribers will receive 500 voice minutes and 500 text messages (totaling 1000 units) for \$0.00 per month. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to South Carolina Lifeline residents.

Tribal:

Plan	Minutes	Text	Data (MB)	Retail Price	Lifeline Discount	Net Cost to Lifeline Customer
South Carolina Tribal Lifeline 1000 Plan**	1000 anytime voice minutes	1000 text messages	0 GB	\$37.75	- \$34.25 (federal) - \$3.50 (Company discount)	\$0.00
South Carolina Tribal Lifeline 1000 Plus Plan**	1000 anytime voice minutes	Unlimited text messages	1 GB	\$57.75	- \$34.25 (federal) - \$3.50 (Company discount)	\$20.00

^{**}Must be Eligible. Each month eligible, subscribers to the South Carolina Tribal Lifeline 1000 Plan will receive 1000 voice minutes and 1000 text messages (totaling 2000 units) for \$0.00 per month; each month subscribers to the South Carolina Tribal Lifeline 1000 Plus Plan will receive 1000 voice minutes, unlimited text messages, and 1 GB of data usage for \$20.00 per month. There are no rollover minutes with this Tribal Lifeline plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Vermont Lifeline residents residing on federally recognized Tribal lands.

All Plans include the following:

- Free phone
- Free calls to 911 emergency services
- Free calls to Customer Service
- Free access to Voicemail, Caller-ID, Call-Waiting, Call-Forwarding, and 3-Way Calling features
- Free Domestic, Long-Distance Calls

Additional Airtime:

- \$5.00 for 100 minutes or 100 text messages
- \$5.00 for 100 MB of data usage

Complete program terms of use located at http://infinitimobile.com/terms/

^{**} In addition to the South Carolina Lifeline 500 Plan, South Carolina Tribal Lifeline 1000 Plan, and the South Carolina Tribal Lifeline 1000 Plus Plan, all Lifeline-eligible customers will be able to apply the \$3.50 Company discount as well as the maximum federal Lifeline discount, currently \$9.25, in addition to an additional \$25 for eligible Tribal subscribers, to any retail plans the Company should make available to non-Lifeline consumers. To the extent offered, such plans are subject to change and will be viewable at: http://infinitimobile.com.

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	149010	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name: Person USAC should contact with questions about this data	Paul LaPier	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	plapier@infinitimobile.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	149010
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

<210> For the prior calendar year, were there any reportable voice service outages?

<220>

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date		Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
							, , , , ,				

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code 149010	
<015>	Study Area Name	n LLC
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regar	ling this data Paul LaPier
<035>	Contact Telephone Number - Number of person ic <030>	entified in data line 2142328430 ext.
<039>	Contact Email Address - Email Address of person in <030>	entified in data line plapier@infinitimobile.com
<400>	Select from the drop-down list to indicate how you voice complaints (zero or greater) for voice telephocalendar year for each service area in which you are any facilities you own, operate, lease, or otherwise	ny service in the prior e designated an ETC for
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	

•	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08 July 2018	
<010>	Study Area Code	149010		
<015>	Study Area Name	IM Telecom LLC		
<020>	Program Year	2020		
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier		
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com		
<515>	Certify compliance with applicable minimum service standards			

	Data Co	llection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2018
_	<010>	Study Area Code	149010	
_	<015>	Study Area Name	IM Telecom LLC	
_	<020>	Program Year	2020	
_	<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
_	<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
	<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
	<600>	Certify compliance regarding ability to function in emergency situations		
_	<610>	Descriptive document for Functionality in Emergency Situations		

FCC Form 481

(600) Functionality in Emergency Situations

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code		149010
<015>	Study Area Name		IM Telecom LLC
<020>	Program Year		2020
<030>	Contact Name - Person U	JSAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address -	Email Address of person identified in data line <030>	plapier@infinitimobile.com
<810>	Reporting Carrier	IM Telecom, LLC	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	Not Applicable	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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Data Collection Form OMB Control No. 3069-0986/OMB Control No. July 2018	
Study Area Code 149910	. 3060-0819
Study Area Name IM Telecom LLC	
Study Area Name DM Telecon LLC	
4020 Program Year 2020 Contact Rame - Person USAC should contact regarding this data 2020 Paul Lapter 2035 Contact Telephone Number - Number of person identified in data line 4030 Paul Lapter 2039 Contact Enail Address - Email Address of person identified in data line 4030 Paper electricities with the filling entity offer tribal land services? (Y/N) 4900 Does the filling entity offer tribal land services? (Y/N) 4910 Tribal Land(s) on which ETC Serves 4920 Tribal Government Engagement Obligation Name of Attached Document Name of Attached Document 1f your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to 55.43.13(a)(5) includes: 4921 Needs assessment and deployment planning with a focus on Tribal community anchor institutions. 4922 Feasibility and sustainability planning; 4923 Marketing services in a culturally sensitive manner; 4924 Compliance with Rights of way processes	
Application Application	
### Contact Telephone Number of person identified in data line	

			rageo
	oice and Broadband Service Rate Comparability ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	149010	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<1000>	Voice services rate comparability certification		
<1010>	Attach detailed description for voice services rate comparability compliance		
		Name of Attached Document	
<1020>	Broadband comparability certification		
<1030>	Attach detailed description for broadband comparability compliance	Name of Attached Document	
		Name of Attached Document	

(1100) No Terrestrial Backhaul Reporting Data Collection Form			c	FCC Form 481 DMB Control No. July 2018	3060-0986/OMB Control No. 3060-0819
<010> <015>	Study Area Code Study Area Name	149010			
<020>	Program Year	IM Telecom LLC			
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier			
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinit:	imobile.com		
<1100>	Certify whether terrestrial backhaul options exist (Y/N)				
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps			
<1140>	Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.				

Lifeline	erms and Condition for Lifeline Customers ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code		149010
<015>	Study Area Name		IM Telecom LLC
<020>	Program Year		2020
<030>	Contact Name - Person USAC should contact regarding this data		Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data lir	ie <030>	
<039>	Contact Email Address - Email Address of person identified in data li	ne <030>	> plapier@infinitimobile.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		IM (Infiniti) 1210 template_2019 VT.pdf
		•	Name of Attached Document
<1220>	Link to Public Website	HTTP	
or the we	neck these boxes below to confirm that the attached document(s), on line 12 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	~	
<1222>	Details on the number of minutes provided as part of the plan,	V	
<1223>	Additional charges for toll calls, and rates for each such plan.	V	

Data Collecti	Cap Carrier Additional Documentation on Form e-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			rm 481 Control No. 3060-0986/OMB Control No. 3060-0819 18
including Kut	e-oj-netam camers affinatea with Frice cap Local Exchange camers		,	
	udy Area Code	149010		
	udy Area Name	IM Telecom LLC		
	ogram Year	2020		
	ntact Name - Person USAC should contact regarding this data ntact Telephone Number - Number of person identified in data line <030>	Paul LaPier 2142328430 ext.		
	ntact Telephone Number - Number of person identified in data line <030>	plapier@infinitimobile.c	om	
10332 CO	That can be a second as a seco			
to offset	e appropriate responses below (Yes, No, Not App access charge reductions, and Connect America P I in the documents attached below is accurate.	-	•	
<2015>	> 2016 and future Frozen Support Certification 47 CFF	§ 54.313(c)(4)		
Price Cap	p Carrier Connect America ICC Support {47 CFR § !	54.313(d)}		
<2016>	> Certification support used to build broadband		[
Connect	America Phase II Reporting {47 CFR § 54.313(e)}			
<2017A>	Connect America Fund Phase II recipient?			
<2017C>	Total amount of Phase II support, if any, the price cap capital expenditures in 2018.	carrier used for		
<2018>	Attach the number, names, and addresses of commu	nity anchor	Name of Attached Document Lis	sting
	institutions to which the carrier newly began providin broadband service in the preceding calendar year - 54	=	Required Information	
<2019>	Recipient certifies that it bid on category one telecom			
	Internet access services in response to all FCC Form 4 broadband service that meets the connectivity target.			
	libraries universal service support program for eligible		L	
	libraries located within any area in a census block who			
	receiving Phase II model-based support, and that such			
	reasonably comparable to rates charged to eligible scl			
	urban areas for comparable offerings - 54.313(e)(1)(ii)	(C)		

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	149010
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

(3007a)	(3007b)
Name of Consultant	Name of Consultant Firm/Third Party

CAF BLS Reporting

(3008A)	Please indicate whether new locations were deployed during the prior calendar year. (Y				
(3008B)	Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.				
(3008B1)	Number of newly built locations with access to broadband speeds of at least $10/1~\text{Mbps}$ but less than 25/3 Mbps.				
(3008B2)	Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.				
(3008C)	Please provide the percentage of deployment across the entire study area.				

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	149010
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	5 Programme State			
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}			
(3010B)	Please Provide Attachment	Name of Attached Docu- Information	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	mornas		
(3012B)	Please Provide Attachment	Name of Attached Document Information	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	0 0	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports			
	(Operating Report for Telecommunications Borrowers)		<u> </u>	
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docu Information	ment Listing Required	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	0 0	
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS			
(3020)	Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line			
(3022)	3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Documents	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	149010
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

Financial Data Summary	
,	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(2024) Dividands	
(3034) Dividends	
	i e

(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	149010
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> plapier@infinitimobile.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

(5005) Alaska Plan Participants Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	149010
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

5005 Alaska Plan

(5010)	Do you participate in the Alaska plan?	(Yes/No)
(5011)	Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.	(Yes/No)
(5012)	If the filing carrier identified in its approved perfomance plans that it relies exclusively on satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul.	(Yes/No)

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<5013>	<a>>		<c></c>
_	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
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Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	149010
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	149010
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) <u>Expert Telecom Compliance</u> also certify that I am an officer of the reporting carrier; my respons agent; and, to the best of my knowledge, the reports and data prov	is authorized to submit the information reported on behalf of the reporting carrier. I ibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ided to the authorized agent is accurate.
Name of Authorized Agent: Expert Telecom Compliance	
Name of Reporting Carrier: IM Telecom LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/28/2019
Printed name of Authorized Officer: Paul LaPier	
Title or position of Authorized Officer: Vice President of Finan	nce
Telephone number of Authorized Officer: 2143238430 ext.	
Study Area Code of Reporting Carrier: 149010	Filing Due Date for this form: 07/01/2019
, 9	ed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Be	half of Reportin	ng Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients of the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reporte		
Name of Reporting Carrier: IM Telecom LLC		
Name of Authorized Agent Firm: Expert Telecom Compliance		
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/28/2019
Name of Authorized Agent Employee: Victoria Martin		
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist		
Telephone number of Authorized Agent or Employee of Agent: 6786722831 ext.		
Study Area Code of Reporting Carrier: 149010 Filing Due Date for this form: 07/01/2019		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S 18 of the United States Code, 18 U.S.C. § 1001.	.C. §§ 502, 503(b), or	fine or imprisonment under Title



IM Telecom, LLC d/b/a Infiniti Mobile

Vermont Lifeline Rate Plans

Non-Tribal:

Plan	Minutes	Text	Data (MB)	Retail Price	Lifeline Discount	Net Cost to Lifeline Customer
Vermont	500	1700 text	0 GB	\$9.25	- \$9.25	\$0.00
Lifeline 500	anytime	messages			(federal)	
Plus Plan*	voice					
	minutes					

^{*}Must be Eligible. Each month eligible Lifeline subscribers will receive 500 voice minutes and 1700 text messages for \$0.00 per month. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Vermont Lifeline residents.

All Plans include the following:

- Free phone
- Free calls to 911 emergency services
- Free calls to Customer Service
- Free access to Voicemail, Caller-ID, Call-Waiting, Call-Forwarding, and 3-Way Calling features
- Free Domestic, Long-Distance Calls

Additional Airtime:

- \$5.00 for 100 minutes or 100 text messages
- \$5.00 for 100 MB of data usage

Complete program terms of use located at http://infinitimobile.com/terms/

^{**} In addition to the Vermont Lifeline 500 Plus Plan, all Lifeline-eligible customers will be able to apply the maximum federal Lifeline discount, currently \$9.25, to any retail plans the Company should make available to non-Lifeline consumers. To the extent offered, such plans are subject to change and will be viewable at: http://infinitimobile.com.

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	339055	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name: Person USAC should contact with questions about this data	Paul LaPier	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	plapier@infinitimobile.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	339055
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

<210> For the prior calendar year, were there any reportable voice service outages?

<220>

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS									Did This Outage		
Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date	Time	Customers Affected	Total Number of	Affected	Description (Check		Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
			·								
											1
<u> </u>											

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	339055		
<015>	Study Area Name	IM Telecom LLC		
<020>	Program Year	2020		
<030>	Contact Name - Person USAC should cont	act regarding this data Paul LaPier		
<035>	Contact Telephone Number - Number of person identified in data line <030>			
<039>	Contact Email Address - Email Address of person identified in data line plapier@infinitimobile.com <030>			
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.			
<410>	Complaints per 1000 customers for fixed voice			
<420>	Complaints per 1000 customers for mobile voice			

•	mpliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	339055	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<515>	Certify compliance with applicable minimum service standards		

١	Data Co	ollection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
	-040-	Shirth Area Code		
_	<010>	Study Area Code	339055	
_	<015>	Study Area Name	IM Telecom LLC	
	<020>	Program Year	2020	
	<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
	<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
	<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
	<600>	Certify compliance regarding ability to function in emergency situations		
	<610>	Descriptive document for Functionality in Emergency Situations		

FCC Form 481

(600) Functionality in Emergency Situations

(800) Operating Companies		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2018

<010>	Study Area Code		339055
<015>	Study Area Name		IM Telecom LLC
<020>	Program Year		2020
<030>	Contact Name - Person L	JSAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Numl	ber - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - I	Email Address of person identified in data line <030>	plapier@infinitimobile.com
<810>	Reporting Carrier	IM Telecom, LLC	
<811>	Holding Company	Not Applicable	

<812> Operating Company

Not applicable

<813>	<a1></a1>	<a2></a2>	<a3></a3>
_	Affiliates	SAC	Doing Business As Company or Brand Designation
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(900) Tril	bal Lands Reporting	FCC Form 481
Data Col	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-083
		July 2018
<010>	Study Area Code	339055
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier 2142328430 ext.
<035>	Contact Telephone Number - Number of person identified in data line <030>	plapier@infinitimobile.com
<039>	Contact Email Address - Email Address of person identified in data line <030>	property and intermobile. Com
<900>	Does the filing entity offer tribal land services? (Y/N)	
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	Name of Attached Document
to confi demons	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached PDF, on line 920, strates coordination with the Tribal government pursuant to 3(a)(5) includes:	Select Yes or No or Not Applicable
<921> <922> <923>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>		
	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
\320 /	Compliance with Tribal Business and Licensing requirements.	

			rageo
	oice and Broadband Service Rate Comparability ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	339055	
<015>	Study Area Name	IM Telecom LLC	
<020>	Program Year	2020	
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com	
<1000>	Voice services rate comparability certification Attach detailed description for voice services rate		
	comparability compliance	Name of Attached Document	
<1020> <1030>	Broadband comparability certification Attach detailed description for broadband comparability compliance		
		Name of Attached Document	

(1100) No Terrestrial Backhaul Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010> <015>	Study Area Code Study Area Name	339055 IM Telecom LLC	
<020> <030> <035> <039>	Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	Paul LaPier 2142328430 ext. plapier@infinitimobile.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	
<1140>	Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.		

Lifeline	erms and Condition for Lifeline Customers ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code		339055
<015>	Study Area Name		IM Telecom LLC
<020>	Program Year		2020
<030>	Contact Name - Person USAC should contact regarding this data		Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data lin		
<039>	Contact Email Address - Email Address of person identified in data li	ne <030>	> plapier@infinitimobile.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		IM (Infiniti) 1210 template_2019 WI.pdf
		L	Name of Attached Document
<1220>	Link to Public Website	HTTP —	
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	V	
<1222>	Details on the number of minutes provided as part of the plan,	~	
<1223>	Additional charges for toll calls, and rates for each such plan.	~	

(2005) Price (Data Collection	Cap Carrier Additional Documentation		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0
Including Rate	e-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2018
<010> Stu	udy Area Code	339055	
	udy Area Name	IM Telecom LLC	
	ogram Year	2020	
	ntact Name - Person USAC should contact regarding this data	Paul LaPier	
	ntact Telephone Number - Number of person identified in data line <030>	2142328430 ext.	
<039> Coi	ontact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.co	20M
to offset			pliance as a recipient of frozen High Cost support, High Cost supportet forth in 47 CFR 54.313(c),(d),(e). The information reported on this
<2015>	> 2016 and future Frozen Support Certification 47 CFR	§ 54.313(c)(4)	
Price Cap	p Carrier Connect America ICC Support {47 CFR § 5	64.313(d)}	
<2016>	> Certification support used to build broadband		
Connect	: America Phase II Reporting {47 CFR § 54.313(e)}		
<2017A>	Connect America Fund Phase II recipient?		
<2017C>	Total amount of Phase II support, if any, the price cap capital expenditures in 2018.	carrier used for	
<2018>	Attach the number, names, and addresses of community anchor		Name of Attached Document Listing
	institutions to which the carrier newly began providing broadband service in the preceding calendar year - 54.		Required Information
<2019>	Recipient certifies that it bid on category one telecommon control internet access services in response to all FCC Form 47		
	•		
	broadband service that meets the connectivity targets		
	libraries universal service support program for eligible		
	libraries located within any area in a census block whe		
	receiving Phase II model-based support, and that such		
	reasonably comparable to rates charged to eligible sch	ools and libraries in	
	urban areas for comparable offerings - 54.313(e)(1)(ii)	(C)	

(3005) Rate	Of Return Carrier Additional Documentation ion Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	339055
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

(3007a)	(3007b)
Name of Consultant	Name of Consultant Firm/Third Party

CAF BLS Reporting

(3008A)	Please indicate whether new locations were deployed during the prior calendar year.			
(3008B)	Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.			
(3008B1)	Number of newly built locations with access to broadband speeds of at least $10/1$ Mbps but less than $25/3$ Mbps.			
(3008B2)	Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.			
(3008C)	Please provide the percentage of deployment across the entire study area.			

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	339055
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Dragrass Danort on E Voor Dlan			
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		Γ	
(3010B)	Please Provide Attachment	Name of Attached Docu- Information	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	inormation.	Г	
(3012B)	Please Provide Attachment	Name of Attached Documents	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	00	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications			
(3016)	Borrowers) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required	Name of Attached Docu Information	ment Listing Required	
(3018)	documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	0 0	
(3019)	3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement			
(3021)	and Statement of Cash Flows Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Documents	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	339055
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

Financial Data Summary	
·	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(,	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	339055
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data lin	ne <030> 2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> plapier@infinitimobile.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

(5005) Alaska Plan Participants Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	339055
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

5005 Alaska Plan

(5010)	Do you participate in the Alaska plan?	(Yes/No)
(5011)	Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.	(Yes/No)
(5012)	If the filing carrier identified in its approved perfomance plans that it relies exclusively on satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul.	(Yes/No)

<5013>	<a>		<c></c>
	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
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-			
- -			
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		-	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	339055
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filling Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	339055
<015>	Study Area Name	IM Telecom LLC
<020>	Program Year	2020
<030>	Contact Name - Person USAC should contact regarding this data	Paul LaPier
<035>	Contact Telephone Number - Number of person identified in data line <030>	2142328430 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	plapier@infinitimobile.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) Expert Telecom Compliance is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent: Expert Telecom Compliance				
Name of Reporting Carrier: IM Telecom LLC				
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/28/2019			
Printed name of Authorized Officer: Paul LaPier				
Title or position of Authorized Officer: Vice President of Finance				
Telephone number of Authorized Officer: 2143238430 ext.				
Study Area Code of Reporting Carrier: 339055	Filing Due Date for this form: 07/01/2019			
	fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 8 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reporte			
Name of Reporting Carrier: IM Telecom LLC			
Name of Authorized Agent Firm: Expert Telecom Compliance			
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/28/2019	
Name of Authorized Agent Employee: Victoria Martin			
Title or position of Authorized Agent or Employee of Agent Regulatory Specialist			
Telephone number of Authorized Agent or Employee of Agent: 6786722831 ext.			
Study Area Code of Reporting Carrier: 339055 Filing Due Date for this form: 07/01/2019			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S. 18 of the United States Code, 18 U.S.C. § 1001.	.C. §§ 502, 503(b), or	fine or imprisonment under Title	



IM Telecom, LLC d/b/a Infiniti Mobile

Wisconsin Lifeline Rate Plans

Non-Tribal:

Plan	Minutes	Text	Data (MB)	Retail Price	Lifeline Discount	Net Cost to Lifeline Customer
Wisconsin	500 anytime	500 text	0 GB	\$10.00	- \$9.25	\$0.00
Lifeline 500	voice minutes	messages			(federal)	
Plan*					-\$0.75	
					(state)	

^{*}Must be Eligible. Each month eligible Lifeline subscribers will receive 500 voice minutes and 500 text messages (totaling 1,00 units) for \$0.00 per month. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Wisconsin Lifeline residents.

Tribal:

Plan	Minutes	Text	Data (MB)	Retail Price	Lifeline Discount	Net Cost to Lifeline Customer
Wisconsin Tribal Lifeline 1,000 Plan*	1,000	Unlimited	0 GB	\$35.00	- \$34.25 (federal) -\$0.75 (state)	\$0.00

^{*}Must be Eligible. Each month eligible Tribal Lifeline subscribers will receive 1,000 voice minutes and unlimited text messages for \$0.00 per month. There are no rollover minutes with this plan. Unused minutes will expire each month on the service expiration date. This plan is only available to Wisconsin Tribal Lifeline residents.

All Plans include the following:

- Free phone
- Free calls to 911 emergency services
- Free calls to Customer Service
- Free access to Voicemail, Caller-ID, Call-Waiting, Call-Forwarding, and 3-Way Calling features
- Free Domestic, Long-Distance Calls

Additional Airtime:

- \$5.00 for 100 minutes or 100 text messages
- \$5.00 for 100 MB of data

Complete program terms of use located at http://infinitimobile.com/terms/

^{**} In addition to the Wisconsin Lifeline 500 Plan and Wisconsin Tribal Lifeline 1,000 Plan, all Lifeline-eligible customers will be able to apply the \$0.75 state Lifeline discount and the \$9.25 federal Lifeline discount, as well as the additional \$25.00 federal tribal Lifeline discount depending on customer eligibility, to any retail plans the Company should make available to non-Lifeline consumers. To the extent offered, such plans are subject to change and will be viewable on the Company's website, http://infinitimobile.com.